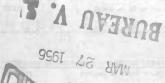
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Courtes To the second of ASS To the Courtes The second of the second BUREAU V. S. and basens on behavior to be Albay 1.1 9961 LE AVIV



VS. A15ME(5) 5M 9/55

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Chestertown, Md.

. IS RESIDENCE

Year

hours

PERFORMED? NO T

DATE SIGNED

(State)

(State)

ON A FARMS

YES NO ALA

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HEARD TO STADRESTED STRIMMAND LADICEMENT SEVO A JEST EI HAM

or remayol.

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2978 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02950

Reg. Dist. No.

	PLACE OF DEATH	Kent		МА	RYLAND	2. USUAL RESIDENCE o. STATE Mary	-	b. COUNT	na more	nce before	e admission)
ę t	b. CITY OR TOWN (IF	eutside corporate limits, write illing tor	RURAL	C. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	(If outside cor		RURAL one	give near	rest town)
-	d. NAME OF HOSPITA	Millingto	If not in hosp		ress)	d. STREET ADDRESS	S			1	ON A FARM?
	NAME OF DECEASED (Type or print)	Alonz		Middle	В	urris	4. DATE OF DEATH	Marc		Day 24	Year 19 56
1	sex la le	6. COLOR OR RACE	7. MARRIE			DATE OF BIRTH 23/1915		9. AGE (In years last birthday)	-		OUR Min.
		ON (Give kind of work g life, even if retired)			PI'Odu		U.S.	Ph. 1	12. CITI	-	A .
		Larence ER IN U. S. ARMED FO (If yes, give wor or dotes of NO	RCES? 16. S	SOCIAL SECURITY NO		FORMANT	gie Ro	ss Address ickers,		ster	town, M
		liote couse	Frac	tured sl						ins	L BETWEEN UND DEATH Tantan OUS
CERTIFICATION	PART II. OTH 20g. EXTERNAL CAL PRIMARY G or COL CAUSE OF DEATH.	IER SIGNIFICANT CON	DESCRIBE		URRED. (En	ter nature of injury in t			VEN IN PAR		WAS AUTOPSY PERFORMED?
MEDICAL	20c. TIME OF INJUI	n /n . /w	56 While at wor	rk Ot work	factor	e held an Auto	etc.) Mil	or town) lington nspection ()	Ke		(State) Md.
	death resulted	from: Natural	causes [Accident [_	ide , Homici M.D. CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA	de , U	ndetermined	cause 🔲	j	,1956
	BURIAL, CREMATIO	ialMameh		22c. NAME OF CEM 5 Chest ADDRESS		lle	Rur EC'D BY REGIST		or county) ingt		(Stote)

WHAT ESCANA IN A STATE OF THE REST OF THE PARTY OF THE PA BUREAU V. S Jeel S A9A

RECEIPTED TO A STANDARD SERVING CONTROL DEATH

VS A15 (4) 15M 9/55

ARYLAND STATE DEPARTMENT OF	HEALTH-BALTIMORE, 18
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M

2979

CERTIFICATE OF DEATH

Reg. Dist. No.

02951

1. PLACE OF DEATH O. COUNTY FAT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY KFAT
b. CITY OR TOWN (If outside corporate limits, write RYRAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle	Lost 4. DATE Month Day Year
OECEASED (Type or print) AGNES	GARY DEATH MARCH 17 1956
6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE DOMESTIC	USTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unknown) If yes, give wor or dates of service RONE	ARRY R. GARY, LOCUST GROVE, Mr.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	P INTERVAL BETWEEN ONSET AND, DEATH
IMMEDIATE CAUSE (o) DUE TO	yneumonia 5 days.
Conditions, if ony, which) (b) Carry	Thompsonis. 2 years.
gove rise to immediate case (a), stating the under- lying couse last.	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter nature of injury in Port I or Port It of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home, farm, octory, street, office bldg., etc.) (County) (State)
21. I certify that I attended the deceased from. Management of the state of the sta	13., 1956, to Mar 17, 1956, that I last saw the deceased the occurred at 230 M, from the causes and an the date stated above.
ACTUAL SIGNATURE L, P. atwell	ADDRESS (Street, city or lown, stote) DATE SIGNED M.D. Slill Bond ma 3/18/5
PHYSICIAN'S L. P. ATWELL	STILL POND, MO.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CORRESPONDENCE OF THE STATE OF T	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) ND.
23 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	Med. DATE 3/21/56 Climber & mulfard
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BUREAU V.		
The second secon		
		(A A beam
JULIUIY JULIUIY		

il director, filed with

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1. PLACE OF DEATH o. COUNTY

b. CITY OR TOWN RURAL ond give

d. NAME OF HOSP OR INSTITUTION Cent

Male

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10a. USUAL OCCUPATI

13. FATHER'S NAME

IS. WAS DECEASED EV

18. CAUSE OF DE

Conditions, if

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lying couse lost.

PART II. OT

CATION

PART I. DE

NAME OF DECEASED (Type or print)

S. SEX

Page

after death

72 hours

any

remayal, and

cremation,

the registrar priar to burial,

CERTIFICATE OF DEATH 2973

NT OF HEALTH—BALTIMORE, TE OF DEATH	18 02952 Reg. Dist. No. 2,021
2. USUAL RESIDENCE (Where deceased lived. If institute of STATE Maryland b. COUNT	ution: Residence before admission)

Kent	MARYLAND	o. STATE Maryla	and	b. COUNTY	Ke	nt	
(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporat	e limits, write RI	JRAL ond	give nearest	town)
ertown	1 hr.	Chest	ertoim		3	7	
ITAL (If not in hospital, give street o	oddress)	d. STREET ADDRESS			1		RESIDENCE
& Queen Anne	Hosp.	210 S	. Fron	t	-		S NO IT
First	Middle	Last	4. DATE	Moni	th	Day	Year
CARROLL	GIBBS S	GR.	DEATH	Mar	ch 9		1956
6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years lost birthdoy)			JNDER 24 HRS.
Col. WIDOWE	D DIVORCED	March 14,1	384	7] yrs.	Months	Doys Ho	ours Min.
ON (Give kind of work done 10b. I	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or foreign coun	atry)	12. CIT	IZEN OF W	HAT COUNTRY
	rivate Home	Kent Co	ounty.	Marvl	and	IT S	5. A.
		14. MOTHER'S MAIDEN N	IAME				
Joseph Gibbs		Jane Sau	nders				
ER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17. IN	NFORMANT		Addr	ess		
an an an ma	Mr	cs. Mary Gil	obs.Ch	estert	ovm.	Md.	
ATH [Enter only one couse per lin	e for (o), (b), and (c).]				-	INTERVA	L BETWEEN
ATH WAS CAUSED BY: CALL	to cover ary	usullivi	enu -	1 suy	uncy	ONSET	ND DEATH
DUE TO	4	1 10	1	- 14	MALLA	1/2	TYLLO
ony, which)	emanu a al	Tania selen	(a,b -		0	ano.	1004sc
immediate (- Core	20120	VWI		, 0	9700	fea
the under-	1					40.1	
HER SIGNIFICANT COMPLETONS CO	ONITRIBUTING TO DEATH BUT	NOT BELATED TO THE TERM	NIAL DISCASS S	0.10171011011		- 11 120 14	110 1110001
HER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIV	EN IN PAR	PE	ERFORMED?
AS UNDERLYING 20b, DESC	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in f	ort I or Port II	of item 1B.)			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town)

(County) (Stote) Not while Hour o. m. foctory, street, office bldg., etc.) While p. m. of work 1955 that I last saw the deceased 21. I certify that I attended the deceased from

alive on and that death occurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Sandy Bottom

22d. LOCATION (City, town, or county) irlee Kent

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Williams, Chestertown, Md.

VS A1S (4) 1SM 9/SS I

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	1	8
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2988 CERTIFICATE OF DEATH

02950 /

	1. PLACE OF DEATH 0. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where dec	b. COUNTY	ce before admission)
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1b	CITY OR TOWN III autido	corporate limits, write RURAL and g	V /
,	RURAL ond give nearest town)		C. CITT OK TOWN (III obiside	A/O DT- A/	live nearest town;
1	KURAL WOKTON	LIFETIME	NFU Y	YUKION	X
	d. NAME OF HOSPITAL (If not in hospital, give street ac OR INSTITUTION	ddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
1	3. NAME OF First	Middle	Lost 4. D/		Day Year
	(Type or print)	ARIE HA	00/11/11	ATH MARCH	15 1936
	P		B. DATE OF BIRTH	lost birthdoy) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. K.		71/11 010TH01ACE (State or form	38 yrs.	IZEN OF WHAT COUNTRY?
1	during most of working life, even if retired)	11-00-	MARVIA		5. A.
	13. FATHER'S NAME	HOME	14. MOTHER'S MAIDEN NAME	ND U	, J. M.
S	THOMAS I. ME	EKS	LIDA	COPPER	
1		OCIAL SECURITY NO. 17. IP	NFORMANT	Address	
1	[Yes, no, or unknown] (If yes, give wor or dates of service)	YONE TH	IOS. A. HADDAW	AY WORTON	R.D. MD.
	18. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), and (c).]	1.		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ancin of	Ridney.		ONSET AND DEATH
	180 X DUE TO	1/10			-1 .
1	Conditions, if any, which) (b)	treme !	osson.		acays.
ij	gove rise to immediate DUE TO				
i	lying couse lost. (c)				
e.	PART II. OTHER SIGNIFICANT CONDITIONS CO	0 1 7	44 .		PERFORMED?
٦	200. ACCIDENT WAS UNDERLYING 20b. DESCE	4 ty openedy	C. (Enter noture of injury in Port I o	ega ,	YES NO Z
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		9		
i	Hour o. m. While	Not while 20e. PLA	CE OF INJURY (Home, farm, 20f. tory, street, office bldg., etc.)!	(City or town) (C	ounty) (Stote)
4	p. m. 19 at work				
A	21. I certify that I attended the deceased		13, 19-56, to 270	~ 15 , 1956, that 11	ast saw the deceased
ř	alive on <u>Mar 15</u> , 193	, and that death		fram the causes and an th	
	ACTUAL L, P, alw-	all.	GIFLE D.	SS (Street, city or lown, state)	DATE SIGNED
	SIGNATURE , 07		w.D. Julifora	- Incc	/16/36
	PHYSICIAN'S L. P. ATWEL	LL M.D.	STILL H	POND MD.	,
	220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 3-18-56	CHESTER CA	CREMATORY 22d. L	OCATION (City, town, or county)	(Stote) MD:
3	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY R	EGISTRAR 24b. REGISTRAR'S SIG	NATURE 1
	Victor M. Kennedy	STILL POND,	MD, DATE 3/	17/56 Exec	mard fore

ANNE AND HOLDS AND	RIMEN OF HEALTH—BALLIMORE 18		
BUREAU V. S.	A SOUTH OF THE STATE OF THE STA	₩ M _*	3
ANNA MANGEL MANG	# 12 / = 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /		
ANNA MARIE PARANTAN MARIE NANCAZA ZA	V27731	a worked by	Treet Jorze
BUREAU V. S. MAR SO 1956 WAR SO 1956 WAR SO 1956 WAR SO 1956			
MAR 20 1936 BUREAU V. S. LAND HAR SO 1936 AND STATE OF	THE PLANT HE WESTERNEY	317,010	P. / / F
BUREAU V. S. Sandara is sandara i	65 1881 15 78db E		FENNE WHITE
BUREAU V. S.	1) 5772 and U.S. 4, I	BINGHER	E SAMECINE
BUREAU V. S.	710H CCF4EK	2)3EW	THORNES W
BUREAU V. S.	THES A MADDAWAY HORKER AS AND	-430	
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The Throng sour Person on B. 17:17 Expenses to	A LONG TO THE STATE OF THE STAT	V 5544 3	

DATEKON. 3.1956 Claral

b. COUNTY Kent b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) The stertown d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION NICHOLSON Residence—Broad Neck Decease Name of Hospital (If not in hospital, give street oddress) OR INSTITUTION NICHOLSON Residence—Broad Neck Decease OR INSTITUTION NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION NICHOLSON Residence—Broad Neck Decease OR INSTITUTION NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION NICHOLSON Residence—Broad Neck Decease OR INSTITUTION NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION NICHOLSON Residence—Broad Neck Decease OR INDUSTRY OF DEATH OF DATE OF DEATH OF DATE OF DEATH OF DATE OF DEATH OCT. 11, 1884 P. AGE (In, years lost) Hours In BIRTHPLACE (Stote or foreign country) AND Phila. Pa. OR INDUSTRY IN IN INFORMANT NO Phila. Pa. It. MOTHER'S MAIDEN NAME Anna Reigel ON INSTITUTION ON INSTITUTION ON INSTITUTION ON INSTITUTION Address NON INTERVAL B INTER									
	Kent	MARYLA	UND	o. STATE			0.0		
						ote limits, write RI	JRAL ond g	ive nearest town)	
37 Ches	tertown			Chester	rtown		3	39	
TI OR INSTITUTION									
Nicholso	n Residence-	-Broad Neck		Broad Ne	eck			YES NO	
			ANE	Last	OF				
5. SEX						loss-bigthdoy)			
10o. USUAL OCCUPATI	ON (Give kind of work dane 1	06. KIND OF BUSINESS OR	INDUST		or foreign co	untry)			JNTRY?
		home		Phila.	Pa.		U.	S.A.	
Georg	e W. Sutton			Anna Re	eigel				
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.							200
no		none	Mr	s. Wm. B.	Nicho	Ison, C	hest	ertown,	Md.
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	MANY LAND MARY LAND MARY LAND MARY LAND MARY LAND MARY LAND LIST COLOR OF STAY IN 16 LOT STREET ADDRESS Residence—Broad Neck Middle ANNA RINGEL SUTTON KANE MIDDRED MIDDRED MIDDRET STAN IN 16 LOT STREET ADDRESS Broad Neck March 1, 1956 March 1,							
	AQI	ranced myoc			9			10 yrs	•
gove rise to cotse (a), stating	the under-	ricular fib rterioscler	the sales along	TUUTOIL	scula	r disea	se	10 yrs	
PART II. OT		NS CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	PERFORME	D?
	AS UNDERLYING 20b. (G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED	CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) Chestertown d. STREET ADDRESS Broad Neck Last A. DATE DEATH March 1,1956 19 B. DATE OF BIRTH Oct.11,1884 Oct.11,1884 Phila. Pa. 14. MOTHER'S MAIDEN NAME Anna Reigel INFORMANT ITS. Wm. B. Nicholson, Chestertown, Md. Cardiovascular disease I O yrs. I O yrs.					
20c. TIME OF INJU Hour a. m. p. m.	wh	ile Not while	Oe. PLA	ory, street, affice bldg., etc.)		(C	ounty) (!	State)
7	hot I ottended the dece	eosed from 11-4-		, 19.55 , to 19.5	arch	1, 19 50	,that I le	ost sow the dec	easea
olive on	19	$\frac{2}{2}$, and that d	leoth						
ACTUAL SIGNATURE	aci	ick	M					A	. /
3. NAME OF DECEASED TYPE OF PRINT ANNA PRINCEL SUTTON KANE Lost 4. Date March 1,1956 195									
220. BURIAL, CREMATIC REMOVAL (Specify BUTIAL	UNITY Kent Control Co								
			(ToTY)	7.7.7			1	NATURE	
Marvin	A. MTTTTTTILD	, ones our co	AATT &	DATE	11.3.19	Chilyan	MIX.	1751 M	1.

director, Page 4

popers.

attending physician and cample please remove carban papers i within 72 haurs after death...

CIAN: The law requires that the death certificate be

BUREAU V. S.

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	02955
2981 CERTIFICATE OF DEATH	eg. Dist. No. 20/
1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: R O. STATE M.D. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) X STILL POND LIFETIME C. CITY OR TOWN (If outside corporate limits, write RURAL STILL POND)	L and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) SALLIE A. PRICE 4. DATE Month OF DEATH MARCI	H 25 19 56
HOUSEWIFE HOME MARYLAND	U. S. A.
JOHN HURLOCK SARAH POORE	
	POND, MD
2931 CERTIFICATE OF DEATH O. COUNTY D. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b LIFETIME J. MAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF DECEASED (Type or print) S. SEX J. COLOR OR RACE J. MARRIED DIVORCED DIVORCED DIVORCED DIVORCED J. BETHPLACE (State or foreign country) J. BIRTHPLACE (State or foreign country) J. MAME OF HOSPITAL (If not in retired) Months Days Hours Min. JOHN HURLOCK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ADDRESS	
(b) General Disskilling	
case (o), stoting the under DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	PERFORMED?
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 20d. INJURY OCCURRED While Not while of work of work of work 19 19 20d. INJURY OCCURRED Of INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)	(County) (Stote)
alive on march 25, 19 2,3, and find death occurred at 40 M, from the causes and ADDRESS (Street, city or town, state	on the date stated above.
	D.
Specify (Specify)	(State)
111	R'S SIGNATURE

	OR HEALTH-BAN DWO	DEVARIATION	BTATE W/A	Y SAMIB	
AT Est un minister A T	STARG TO	STADPITES		8	
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3201 SS AAM					C. ma
MISION	3712 2010	OW	TYSM	0,0	
		1 POND C			

Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Month Day Year 1956 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours 12. CITIZEN OF WHAT COUNTRY? STILL POND INTERVAL BETWEEN ONSET AND DEATH month PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) (County) (Stole) 12. 1956, that I last saw the deceased and that death accurred at 2/45A M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) 22d. LOCATION (City, town, or county) (Stote) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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AND CANSELLES ASSESSED SONS STRUKEND AND SONS
S A OVILLA
STATE OF STA
THE CONTRACTOR OF THE STATE OF

DATE

death. HOSPITAL

1SM 9/55

CHICAGE OF DEATH

distribute

BUREAU V. E.

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9261 0S AAM



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2976

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

eg. Dist. No. 21 0 21

I. PLACE OF DEATH	Kent\	The second secon	2. USUAL RESIDENCE		D. COUNTY
0001111	v erre/	MARYLAND	Maryı		
CITY (If outside co	rporate limita, write RI	RAL and LENGTH OF STAY	AD		L and give nearest town)
TOWN	Thestertov	In (in this place)	TOWN Che	stertown	17 X - 2
HOSPITAL OR		een Anne Hospit	STREET	(If rural, give lo	catlon)
INSTITUTION OF STREET ADDRESS	S Treffile or Se	20011 1111110 110002 0	RFD	Queen Anne	County
3. NAME OF	(First)	(Middle)	(Last)		onth) (Day) (Year)
DECEASED (Type or Priot)	Merton		Neemey	OF DEATH Mar	. 5, I956 ₁₉
5. SEX	6. COLOR OR RACE		8. DATE OF BIRTH	9. AGE last birthday	If under I year If under 24 hrm
Male	white	WIDOWED, DIVORCED, (Specify) Single	8/25/1914	4I ym.	Months Days Hours Min.
10a. USUAL OCCUPA	TION (Give kind of wo	rk 1 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
done during most of w	orking life, even if retire	1) ANDURARY]	Maryland		Country?
13. FATHER'S NAM		•	14. MOTHER'S MAIDE	N NAME	
N	orman Sweet	ng y	Idella	Simpso	11
15 WAS DESCRIPTION FO	we by IT & Ansura Fon	The Course Course No	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dat	en of 212-12-2938	Hospital K	ecorda	
7.0	errance) 11 11 TT	18. MEDICAL CE			
1 Diguiges on so			WILL TOWN TOWN		INTERVAL BETWEEN
17 11 1		Y LEADING TO DEATH	/ A	0.	ONSET AND DEATH
Immediate		3rd. Degre	e Burns /0	are -	10 hrs.
giving rise to					
	CANT CONDITIONS ting to the death but no e or condition causing d				
		FINDINGS OF OPERATION) 20. AUTOPSY?
					Yes 🗆 No 🗗
21. EXTERNAL CAU	JSE WAS P	LACE (Home, farm, factory, street,	(CITY OR	TOWN) (C	COUNTY) (STATE)
PRIMARY OR CO CAUSE OF DEATH	NTRIBUTING [] O	office bldg. etc.)		ueen Anne	
	(Day) (Year) (Hour		HOW DID INJURY O		000 1110
OF INJURY 6:	'20 A.M. m	While at Not while			
11490141	110	5.1			
obtained by said from: noturol	d Autopsy, Inspection	nains described above, held an A nor Inquiry, find that said dece XX suicide [], homicide [],	ased died on the day sta undetermined	K, Inquiry \(\) there ted above, and death	in my opinion resulted
SIGNATURE		(Degree or title)	ADDRESS	2011112	DATE SIGNED
	y Fisher m		Co.	eville, Md	3/5/56
23. BURIAL, CREMA	(y) 3/8/56	Arlington I		Arlington,	
DATE REC'D BY I	OCAL REGISTRAR	'S SIGNATURE	24. FUNERAL DIRECT	OR	ADDRESS
Maked ala-1	956 Clas	1 & Barnes	J. Willis W	ells - Ches	stertown, Md.

SECEIVED

BUREAU V. S.

this this

72 hours after death. After director, the third copy of

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2933 CERTIFICATE OF DEATH

02959 Reg. Dist. No. 2-03

COUNTY CO
CITY (If outside corporate limits, write RURAL OR and give preserved from) OR ACC OR INSTITUTION OR OSTREET ADDRESS 3. NAME OF DECEASED (If yee or Prina) OF Moniths Devy If your Moniths Devy If
OR and givery paraset town) (in this place) TOWN C
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED (First) (Middle) (Lest) (Pert ADDRESS) 4. DATE (Month) (Day) (Yest) (Yest) OF ADDRESS (III FIRST) (Month) (Day) (Yest) OF ADDRESS (Month) (Mon
INSTITUTION OR STATE ADDRESS 3. NAME OF DECEASED (First) (Middle) (Lest) 4. DATE (Month) (Dey) (Yest) OF DECEASED (Type or Print) (Precipital Control of the Control of th
3. NAME OF DECASED (First) (Middle) (Lest) 4. DATE (Month) (Dey) (Yest) OF DECASED (Type or Print) (Type or Print) (Type or Print) (Sive kind of work done during most of working file, even if relired) (Sive kind of work) (Five cut) (Five cit) (Middle) (Middle) (Five cit) (Fi
DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE WIDOWED, DWORCED, (Specify) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION 19. AGE lest birthdey Months Deys Hours Months Deys Hour
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5. SEX 6. COLOR OR RACE WIDOWED, DIMONCED, (Specify) WIDOWED, DIMONCED, (S
RACE / FE MIDOWED, DIMONECED, (Specify) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 101. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 102. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 103. FATHER'S NAME 104. MOTHER'S/MAIDEN NAME 105. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detes of service) 106. SOCIAL SECURITY NO. 107. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yes, give wer or detes of service) 108. MEDICAL CERTIFICATION 109. WAS DECEASED EVER IN U. S. ARMED FORCES? (No. or unk.) (If Yes, give wer or detes of service) 110. USUAL OCCUPATION (IF Yes)
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(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
TO THE DEATH BUT NOT RELATED TO THE
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 2 2D. AUTOPSY? YES NO 2
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stele)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?
M. et work at work
22. I hereby certify that I attended the deceased from
alive on Mental 7., 1956, and that death occurred at 3. A. M, from the causes and on the date stated above.
SIGNATURE () / ADDRESS (Street, city, town, state) DATE SIGN
Klash MD. Wills Hall me
23. BURIAL, GREMATION, DATE THEREOF I NAME OF CEMETERY OR CREMATORY LIGITATION (City flows or county)
REMOVAL (SPECIFY) 3, 12,56 ST. Pauls ChesterTown m
121-31-110011 1116
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

MARYEAND STATE DEPARTMENT OF HEALTH BALTHLORE, 18

PIARO ROBINICATE OF DEATH

BUREAU V. S.

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VS A15 (4) 15M 9/55 02960

977	CERTIFICATE	OF	DEAT	H
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Res	a.	Dist.	No 0	7
	9.			

1. PLACE OF DEATH o. COUNTY	on+		MARYLAN	A STATE	70 AN TO		lived. If instituti b. COUNTY			sion)
	ent f outside corporate limit	ts write of LF	ENGTH OF STAY IN 1	b c CITY O	Maryl Maryl		ote limits, write R	Ker		2)
RURAL ond give ne	earest town)	16	days	C. Citt o	Chest	1000		OKAL ONG BI	ve negresi iow	",
	tertown AL (If not in hospitol, g	ive street addres		d CTREE	ADDRESS	erco	MII		A e. IS RES	DENICE
72 OR INSTITUTION Kent	& Queen			O. STREE	Chest	terto	un R. I). 1	ON	FARM?
3. NAME OF DECEASED (Type or print)	Fin		Middle		Lost	4. DATE OF DEATH	Mon		/	Year
5. SEX	1100	LLLAM		TELEY	27.1		Marc		YEAR IF UND	1956
M.	6. COLOR OR RACE		the ball of the		KIM TA		9. AGE (In years lost birthdoy)		ays Hours	Min.
		WIDOWED _	_	1 LICEV 6	0, 181	33	72 yrs.	110 61717		
10a. USUAL OCCUPATIO				IDUSTRY II. BIRT	IPLACE (Stole o	or foreign co	untry)		EN OF WHAT	
Farm	er	Fa	rming		en Anr		· Ma.	U.	. S. A	•
13. FATHER'S NAME	77 777 1	7			R'S MAIDEN NA					
	H. Whit	- d			ily I	legg				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR			7. INFORMANT		7 77 4 .	Add			
no		n	one	Mrs.Mau	de R.	Whit	eley,	cheste	ertown	, Md.
	TH [Enter only one co TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o	Cerebi	(o), (b), ond (c).]	rrhage					INTERVAL BE	DEATH
Conditions, if a		Hyrne	ertension	n					5 ve	ars ?
gove rise to in casse (o), stoting	mmediate (01 00110101						7 50	
lying couse lost.) (c									
PART II. OTH	IER SIGNIFICANT CON	DITIONS <u>CONTR</u>	RIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMIN	AAL DISEASE	CONDITION GIV	EN IN PART	PERFC	AUTOPSY PRMED?
PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	RRED. (Enter notur	of injury in Po	ort I or Part	II of item 18.)			
20c. TIME OF INJURY Hour 0. m., p. m.	Y Month, Doy, Yes	While I	OCCURRED 20e Not while of work	PLACE OF INJUR foctory, street, of	Y (Home, form, fice bldg., etc.)	20f. (City	or town)	(Co	unty)	(Stote)
21. I certify th	at I attended the	deceased fr	ram 2-26		6 . to 3-	12	19_5	Shat I lo	ist saw the	decenser
alive on 3-1		/	, and that de							
			-7		A	DDRESS (St	eet, city or town,	stote)		ATE SIGNED
ACTUAL SIGNATURE	C	elle	-4C	M.D Cb	estert	QWD.	Maryla	nd.	3-13	-56
PHYSICIAN'S NAME (Type)	A.C. Die	ck_					·			
220. BURIAL, CREMATIO REMOVAL (Specify). BULLA.	N. 226. DATE THEREO	. 1-1	NAME OF CEMETER Chester				ion (City, town, o	or county)	(Stol	
23. FUNERAL DIRECTOR	S SIGNATURE V. Willia		ADDRESS lestertow	m, Md.			RAR 24b. REGI	-		1 440

THE PROPERTY OF PERSONS	ENT OF HEALTH-BA		MAIYEAM	
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A CONTRACTOR OF THE PARTY OF TH	essenting to			

CERTIFICATE OF DEATH

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